

Reemployment Eligibility Assessment Review Form

Social Security Number: _____

Last Name: _____ First Name: _____

Street Address: _____ Unit / Apt # _____

City, State, ZIP: _____

Phone #: _____ Email Address: _____

Do you get work through a Union Local Hiring Hall? Yes No

If yes, Local Name: _____ # _____

Are you a seasonal worker between seasons? Yes No

Are you a construction worker? Yes No

Are you registered in Illinois Job Link? Yes No

What was your most recent job title? _____

What industry did you work in? _____

Describe your daily job duties: _____

Do you feel you had adequate skills to perform that job? Yes No

Are you self employed? Yes No

If yes, what type of work? _____

Do you have any limitations that prevent you from doing any type of work? Yes No

If yes, what are your limitations? _____

Up to how many miles are you willing to travel to work? _____

What level of education have you achieved? (Grade or degree completed) _____

Work History: List last 3 jobs: Month & Year Started and Ended / Job Title

Company Name _____

From: _____ To: _____ Type of work performed: _____

Company Name _____

From: _____ To: _____ Type of work performed: _____

Company Name _____

From: _____ To: _____ Type of work performed: _____

Work Search Efforts: Please complete the attached work search form.

What efforts or methods have you used to seek work? Please be specific. _____

What assistance do you need to help find a job? _____

I acknowledge that I am or will be registered in the labor exchange system, Illinois JobLink, for purposes of completing my application for federal extended benefits.

Claimant Signature: _____ Date: _____

Office Use Only:

RES () LMI () WIA () REA () Available Services / Other Referrals () _____

Benefit exhaustion date: _____ Program (check one): UI _____ EUC Tier 1 _____

Explanation / notes: _____

Staff Signature: _____ Date: _____